

**Treatment of Rheumatoid Arthritis**

SIR,—In connexion with my article on the above subject, published in the *Journal* of Aug. 16, 1947 (p. 252), I have received various inquiries, some of them through the correspondence columns of the *Journal*, and some of them direct. Several correspondents ask me about the necessity of blood typing. My answer is that blood typing is absolutely necessary. Moreover, cross-typing must also be carried out in order to exclude sub-groups and particularly the Rh factor, especially if the transfusion is repeated.

Other correspondents ask me for an explanation of the astonishing phenomenon that a pregnant woman's blood is able to cure some cases of rheumatoid arthritis. I purposely refrained from giving an explanation. I do not believe in guesses which are not based on positive facts. But I have, of course, pondered the problem, and my first idea—which I think must occur to everyone—was that the effect of the blood should be attributed to the multiplication of hormones during pregnancy. Everything, however, seems to contradict this hypothesis. Hormones given in a peroral and parenteral way have not achieved any result, even in strong doses; this disappointment must, I think, have been experienced by everyone. Besides, the effect of pregnant blood is not similar to the effect of the hormone. The effect of all hormones hitherto used for medical purposes has been ephemeral; it lasts only so long as the hormones circulate in the organism. When the hormones have been destroyed or excreted by the organism, which occurs very soon, their effect also ceases, and the symptoms of the disease recur. Pregnant blood, on the other hand, when its effect is favourable, starts a process of recovery which continues even if the dose is not repeated. To find an analogy, we should compare its effects rather with those of the immunization sera; and if we look for a hypothesis, I think it more probable that the foetus and its attachments create, as antigens, such antibodies in the mother's body as are able to counteract the causative agents or toxin of rheumatoid arthritis. We know of analogies for this—i.e., the Rh factor or the Weil-Felix reaction. From this point of view the globulin content of the pregnant blood should be examined.

As regards the possibility of shock, it is difficult to give a categoric answer. I can at any rate state that in my own practice I have found that pregnant blood can be effective without causing fever.—I am, etc.,

Budapest.

IMRE BARSÍ.

**Penile Carcinoma**

SIR,—With regard to this controversy, is it necessary to bring in "mixed bacterial flora of the prepuce"? In spite of our ignorance of the causes of cancer we do know that syphilis is a predisposing cause in certain situations—e.g., the tongue. The commonest site for a primary chancre in the male is the prepuce, the spirochaetes gaining entry in an abrasion or tear; that in the female is the cervix. In the circumcised the delicate mucous membrane of the glans is replaced by stratified epithelium, which is much less liable to abrasions, therefore to infection and becoming a source of infection.—I am, etc.,

Dumfries.

A. P. BERTWISTLE.

SIR.—We must get back to the fundamental facts raised by Mr. W. Sampson Handley (Nov. 22, 1947, p. 841). We either accept his contention that circumcision in the male will greatly reduce the incidence of carcinoma of the cervix, in which case we must support his plea for operation of the prepuce, or we do not, in which case evidence to the contrary should be produced. So far, his conclusions have not been seriously challenged. It is on the type of operation to be performed that I dared to differ from so distinguished a surgeon. I confess I have had no experience of fenestration operations on the prepuce of the infant, but suggest that if anything requires to be done in that region then there is a simple operation which has stood the test of time—i.e., "ritual" circumcision.

As regards the history of the operation, a slight correction requires to be made in the statement that "Abraham learnt its advantages from his Arabian wife Zipporah, who circumcised their son." Zipporah, wife of Moses, lived in a later epoch and only circumcised her son of the tribe of Divine wrath. The Covenant, that in the future all males were to be cir-

cumcised on the eighth day of life, was made with Abraham, who underwent the operation at the same time as his son Ishmael. Abraham was then 99 years old (the science of geriatrics seems to have arisen later with King David and his two hot "water-bottles") and Ishmael 13 (hence, presumably, the Arab custom of circumcising at that age). The operation, therefore, may be said to have been practised by the Jews, without interruption, from the time of Abraham to the present day. I did not say they originated it but merely suggested that an element of proficiency must by now have crept into the proceedings.—I am, etc.,

London, W.1.

DAVID PREISKEL.

SIR,—In the original annotation (Nov. 1, 1947, p. 699) which started this correspondence the statement is made that "circumcision and personal hygiene are the only two prophylactic methods which are likely to reduce the incidence of carcinoma of the penis."

Most of your correspondents have advocated the first method, but surely the simpler and more aesthetically correct method is to insist on personal cleanliness. Every mother should be shown by her medical attendant how to retract the prepuce and cleanse the glans and sulci of her infant son; the son in turn being instructed by his mother. Personal cleanliness in this direction is surely just as important as brushing the teeth or washing the ears, and I have never yet heard the suggestion that the cure for dirty ears is amputation.—I am, etc.,

Ilkley, Yorks.

R. JOHN GOURLAY.

**D.D.T. as an Anthelmintic**

SIR,—In your issue of Nov. 15, 1947 (p. 805), there is a query and a reply on the subject of D.D.T. as an anthelmintic. Some time ago I thought of the possible use of D.D.T. in treating helminth infestations and conducted a short trial of its use in patients showing ova of roundworm, hookworm, or whipworm in their stools.

I had no data available concerning the toxicity of D.D.T. in milligrammes per kilo of body weight, so after various calculations I decided on using a dose of 1 gr. (65 mg.) of pure D.D.T. powder. To test the safety of this dose I took two treatments myself first, using 2 gr. (0.13 g.) as the dose. The only symptoms arising from the D.D.T. were very slight nausea and a mild warm sensation in the epigastrium lasting about three hours and commencing about an hour after ingestion of the powder. No delayed effects were noticed.

Only patients whose stools showed heavy infestations were chosen for treatment, and all were adults, some male and some female. The following routine was employed: (1) At 20.00 hours the previous night sodii sulph. 1/2 oz. (15 g.) was given and no further food allowed. (2) At 06.00 hours D.D.T. pure, gr. 1 (65 mg.) with gr. 5 (0.32 g.) kaolin were given in a gelatin capsule. (3) At 08.00 another dose of sodii sulph. 1/2 oz. (15 g.) was given. (4) After the bowels had worked well, food was allowed. (5) The patient was kept in hospital for forty-eight hours after the treatment. (6) While in hospital all the patients' stools were collected and examined carefully for worms, the number being tabulated. (7) Two weeks later a further stool examination was done.

Results were disappointing. In a small series no roundworms, or whipworms other than an odd one purged out were recovered, but with hookworm (all *A. duodenale*) death of worms did occur. However, eradication of the hookworm infestation did not occur and follow-up stool examinations were always positive. Speaking generally, I would say the effect of D.D.T. was approximately about a half to three-quarters that of tetrachlorethylene if estimations of such vagueness are permitted.

On the grounds of these early indications that D.D.T. was no good in the eradication of roundworms and whipworms, that where hookworm was concerned it was inferior to one of the cheapest effective anthelmintics, and bearing in mind the dangerous nature of the substance being used, I did not extend the experiment on more scientific lines.

If anyone else has had any experience of the therapeutic use of D.D.T. internally, I would welcome their comments on my investigations.—I am, etc.,

Kuala Belait, Borneo.

K. F. D. SWEETMAN.